

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155401		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2011	
NAME OF PROVIDER OR SUPPLIER  BEN HUR HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1371-1375 S GRANT AVENUE CRAWFORDSVILLE, IN47933			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit [PSR] to the Recertification and State Licensure Survey completed on 3/10/11.</p> <p>Survey dates: April 20, 2011</p> <p>Facility number: 000461 Provider number: 155401 AIM number: 100275290</p> <p>Survey team: Megan Wyant, RN-Team Coordinator Cheryl Groth, RN</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 1 Medicaid: 65 Other: 9 Total: 75</p> <p>Sample: 9</p> <p>Ben Hur Home was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the PSR to the Recertification and State Licensure Survey.</p>			F0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Ben Hur Home that the allegation contained in this survey report is accurate, or reflects accurately the provision of service to the residents of Ben Hur Home.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223	<p>This deficiency is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 21, 2011 by Bev Faulkner, RN</p>						
SS=A	<p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p><b>Based on record review and interview, the facility failed to ensure residents remained free from verbal abuse by staff members. This deficient practice affected 1 of 3 residents</b></p>			F0223	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Ben Hur Home that the allegation contained in this survey report is accurate, or reflects accurately the provision of service to the residents of Ben Hur Home.</p> <p>I. The staff member involved in this citation was suspended immediately upon report of the situation to the Director of Nursing. Following further investigation and confirmation, he was terminated from employment.II. As all other residents could have been affected by the employee's inappropriate statements at some point in the future, he was terminated from employment.III. As a means to ensure ongoing compliance, all staff were reminded of their role and responsibility in reporting</p>		04/20/2011

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	<p>reviewed for allegations of abuse. (Resident # 31) (CNA # 1)</p> <p>Findings include:</p> <p>Review of a facility "Fax/Incident Report" indicated an incident of verbal abuse occurred on 4/3/11 at 6:00 A.M. The form indicated, "...At 6:00 a.m. on 4/3/11, licensed nursing staff reported to the Director of Nursing that a staff member had spoken inappropriately to a resident. Staff member was instructed to clock</p>				<p>incidents and/or situations which could adversely affect a resident, just as the staff involved in this situation did.IV. As a means of quality assurance, any allegation of abuse and subsequent investigation received by any manner shall be reviewed by the Quality Assurance Committee on a quarterly basis in an effort to confirm ongoing compliance.</p>		

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	<p>out immediately and left the building at 6:04 a.m., pending further investigation..."</p> <p>A "Follow Up Report", dated 4/4/11, indicated:</p> <p>"...At 6:00 A.M. on 4/3/11, the Director of Nursing was notified that CNA (name of CNA # 1) had spoken inappropriately and offensively to a resident, ( Resident # 31). The Director of Nursing spoke with the employee via telephone and instructed him to clock</p>						

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	<p>out immediately, and not to return to work until he was notified of the outcome of staff investigation of the situation.</p> <p>Two employees confirmed that (CNA # 1) had spoken offensively to (Resident # 31), and in a telephone conversation on 4/4/11 at 10:00 a.m., he confirmed that he had spoken inappropriately as reported by the two CNAs. (name of CNA # 1) derogatory language was such that the facility</p>						

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	<p>has terminated his employment effective immediately.</p> <p>The inappropriate comments were made by (CNA # 1) at 6:00 a.m. while he was in the room with another CNA, (name of CNA # 2) tending to (Resident # 31)'s roommate. While care was being provided to (Resident # 31)'s roommate, (Resident # 31) told (CNA # 1) to leave the room and called him a 'son of a bitch.' (CNA # 1) indicated that he asked</p>						

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	<p>(Resident # 31) not to call him that, and said to her 'How would you like it if I called you a daughter of a whore?' (CNA # 1) said (Resident # 31) continue to call him 'son of a bitch', and he retorted to her 'daughter of a whore'. This type of behavior (yelling, being rude and cursing at staff) is addressed on (Resident # 31)'s care plan with appropriate interventions established.</p> <p>(CNA # 2) addressed (CNA # 1), informing</p>						

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	<p>him that his comments were inappropriate, and then immediately reported his comments to her charge nurse, (LPN # 3), who immediately contacted the Director of Nursing. The Director of Nursing advised (CNA # 1) that he was to clock out immediately and leave the building, and he did so at 6:04 a.m.</p> <p>The Director of Nursing interview (Resident # 31) to determine her feelings toward (CNA # 1). When asked if (CNA</p>						

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	<p># 1) had ever been mean to her, she replied 'No-he just acts crazy.' When asked to explain what she meant by 'acts crazy', she said '(CNA # 1) just jokes with me.' She indicated she never felt scared or frightened by (CNA # 1).</p> <p>Other alert and oriented residents cared for by (CNA # 1) were interviewed. One resident stated that she had never had any problem with him, and that he was good and did things for her. She</p>						

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	<p>stated she had never heard him to be mean or speak ill to other residents. Resident # 2 said he had never had any problems with (CNA # 1), and had never heard him be mean or hateful to others. A third resident indicate that she wasn't sure she knew which staff member he was, but that he had been a little 'short' with her when she was getting in her wheelchair-she stated 'He wants it his way.' A fourth resident stated that (CNA # 1) was a 'good guy', and that he's</p>						

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	<p>never heard him be mean or hateful to others. He stated that he thought (CNA # 1) liked to tease (Resident # 31), but that she didn't seem bothered by it.</p> <p>Regardless of the positive statements made by other residents, (CNA # 1)'s comments to (Resident # 31) are considered to be unacceptable, and he was so advised by the Administrator at 10:00 a.m., on 4/4/11. He was advised that his employment was being</p>						

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	<p>terminated immediately, and he acknowledged understanding.</p> <p>As indicated by the immediate reporting of the concern by both the witnessing CNA and the Charge Nurse, facility staff have been thoroughly trained in proper response to concerns and issues involving resident treatment. However, as a reminder to all staff of the need to report such situations exactly as staff involved in this situation did, all other staff will be</p>						

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	re-inserviced again on the necessity of immediate reporting to supervisory staff any concerns regarding resident treatment by other staff member, visitors, or family members. Licensed nursing staff will be again reminded of their responsibility to report such concerns immediately to the Director Nursing/Administrator, and that subsequent investigation and actions taken are then the responsibility of						

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	<p>administrative staff members...."</p> <p>During an interview with the Administrator and Director of Nursing on 4/20/11 at 3:55 P.M., the Administrator indicated she understood the concern. The Administrator indicated CNA # 1 admitted that he made the abusive statements. The Director of Nursing indicated Resident # 31 did not remember the incident. The Administrator indicated all staff were inserviced right after the</p>						

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	incident occurred.  3.1-27(b)						